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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Timber Lake Topic		2. DATE 9-30-06
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE $ 30 SD # 36 other
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 10, Timber Lake, SD 57656-0010		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) same		
6. FULL NAME OF PUBLISHER: Jim Nelson + Kathy Nelson		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Jim + Kathy Nelson	PO Box 10, Timber Lake, SD 57656

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1425	1400
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	80	80
2. Mail Subscription (Paid and or requested)	1211	1200
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1291	1280
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	22	20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	22	23
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1335	1323
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	90	77
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1425	1400

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Jim Nelson
(Signature)

publisher
(Title)

State of South Dakota

County of Dewey

(Seal)

KATHY SNYDER NELSON NOTARY SEAL PUBLIC STATE OF SOUTH DAKOTA

Sworn to before me this 30th day of Sept., 2006

Kathy Snyder Nelson
Notary Public

My commission expires: _____

KATHY SNYDER NELSON
Notary Public, Dewey Cty., S. Dak.
My Commission Expires March 31, 2011

Form: SOS REC 051 7/2004